

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

COPY TRACED FROM LEGIBLE DOC. 3/92

PRODUCER OF LIQUID WASTE

Name (print or type): ALCOA ALUMINUM
Pick up Address 5151 ALCOA ST. L.A.
(Number) (Street) (City)

Date 10-7-74
Pickup Time AM
PM

Type of process which produced wastes: ALUMINUM FOLDED
(Examples: metal plating, equipment cleaning, chemical formulation, etc.)

CHECK TYPE OF LIQUID WASTE:

- | | Quantity
(Circle one)
gallons or barrels |
|---------------------------------------|--|
| 1. Acid Solution | <input type="checkbox"/> |
| 2. Alkaline Solution | <input type="checkbox"/> |
| 3. Pesticides | <input type="checkbox"/> |
| 4. Etching Solution | <input type="checkbox"/> |
| 5. Spent Plating Solution | <input type="checkbox"/> |
| 6. Catalyst | <input type="checkbox"/> |
| 7. Brine | <input type="checkbox"/> |
| 8. Emulsion | <input type="checkbox"/> |
| 9. Tetra Ethyl Lead Sludge | <input type="checkbox"/> |
| 10. Toxic Tank Bottom Sediment | <input type="checkbox"/> |
| 11. Other Toxic Solutions:
(Name): | <input type="checkbox"/> |

I certify that the described waste was delivered to the licensed hauler named below for legal disposal at the site indicated

R.H. Shuff
Signature of Producer or Authorized Agent and Title

HAULER

Name (print or type): ASBURY OIL COMPANY
Business Address 13419 Halldale Ave. Gardena, Calif. 90249
(Number) (Street) (City)

I certify that the described waste was hauled by me in a vehicle with a valid liquid waste hauler registration certificate to the disposal facility named below and was accepted

State Waste Hauler's Registration No.: 15693
Local Business License Truck Tag No. (if applicable): 184
Arthur Bann
Signature of Hauler or Authorized Agent and Title

DISPOSAL FACILITY

Name (print or type): OP PLATING INC
Site Address _____

I certify that the hauler above delivered the described liquid waste to this disposal facility and it was an acceptable material under the terms of the RWQCB Discharge Requirements and local regulations

Site Operator shall indicate identification code for the manner and location of Group 1 Waste Disposal at the Facility: (The listing of identification code is only required for Group 1 Waste Disposal. Instructions on how to specify this code have been forwarded to each Class I and Class II-1 disposal site in California.)

Treatment or Recovery Process _____ Pond _____ Spreading Area _____ Landfill Area _____

IF WASTE IS HELD FOR DISPOSAL ELSEWHERE, SPECIFY FINAL LOCATION _____

Arthur Bann
Signature of Waste Disposal Facility Operator or Authorized Agent and Title

*FAILURE TO MAINTAIN RECORDS AS REQUIRED BY SECTION 2440 OF CHAPTER 3, TITLE 23 OF THE CALIFORNIA ADMINISTRATIVE CODE, MAY RESULT IN REVOCATION OF REGISTRATION.
IN APPLICABLE AREAS OF LOS ANGELES COUNTY, THE ORIGINAL OF THIS CERTIFICATE

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